

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	1	/					
2	/						
3	/						
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49	/						
50	/						
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	51	/					
52	/						
53	/						
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97							
98							
99							
100							
TOTAL IND.	10						
TOTAL DEP.	46						
TOTAL CLAIMS	56						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS